REQUEST FOR WITHDRAWAL

AS ATTORNEY OR AGENT

AND CHANGE OF

CORRESPONDENCE ADDRESS

PTO/SB/83 (11-08)
Approved for use through 11/30/2011. OMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

10/023,726

2132

Dmitry Gryaznov

12/21/2001 12:00:00 AM

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application Number

First Named Inventor

Filing Date

Art Unit

	Examiner Name	SANDOVAL, KRISTIN D					
	Attorney Docket Number	NAI1P690/01.246.01					
To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450							
Please withdraw me as attorney or agent for the above identified patent application, and							
all the practitioners of record;							
the practitioners (with registration numbers) of record listed on the attached paper(s); or							
the practitioners of record associated with Customer Number:							
NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.							
The reason(s) for this request are those described in 37 CFR :							
10.40(b)(1) 10.40(b)(2)	10.40(b)(3) 1	0.40(b)(4)					
10.40(c)(1)(i) 10.40(c)(1)(ii)	=	0.40(c)(1)(iv)					
10.40(c)(1)(v) 10.40(c)(1)(vi)	10.40(c)(2) 1	0.40(c)(3)					
10.40(c)(4) 10.40(c)(5) 10.40(c)(6) Please explain below:							
	Certifications						
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.							
We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.							
We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.							
3. We have notified the client of any responses that may be due and the time frame within which the client must respond.							
Please provide an explanation, if necessary:							

[Page 1 of 2]

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to left (and by the USPTO) to process) an application. Confidentiality is governed by 58 U.S. C. 122 and 57 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to compilete, including gathering, preparing, and submitting the compileted application form to the USPTO. Time will vary depending upon the individual case. Any common the amount of time pour require to compilete this form and/or supgestions for excluding this turdent, should be sent to the Christ Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.							
Change the correspondence address and direct all future correspondence to:							
A. The address of the inventor or assignee associated with Customer Number: 92527							
OR							
B. Inventor or Assignee Name							
Address							
City	State			Zip		Country	
Telephone					Email		
I am authorized to sign on behalf of myself and all withdrawing practitioners.							
Signature	ignature /KEVINZILKA/						
Name	Kevin J. Zilka				Registration No. 41,429		
Address P.O. Box 721120							
City	San Jose	State CA	Zip 9	95172-1120		Country US	
Date	February 25, 2011			Te	Telephone No. 408-971-2573		
NOTE: Withdrawal is effective when approved rather than when received.							

[Page 2 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to Calain or retain a bornel thy the public which is to lie (and by the USPTO) to proceep) an application. Confidentiality is governed by 53 U.S. 0.22 and 57 CFR 1.11 and 1.14. This collection is estimated to lake it 2 miles to complete, including gathering, preparing, and authoriting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of the governed to proper the form amount off the configence of the complete shadows and concluding this further, about between the More Defending upon the and the control of the USPTO. The will vary depending upon the individual case. Any comments on the amount of the governed to propiet this form and/or suggestions for exciting this further, about between the More Defending this variety. As solved the serve the Certain Brother and Trasferant College. U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DN NOT SERD FEES OR COMPLETED FORMS TO THIS ADDRESS. SERVO TO: Commissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.